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CONFIRMATION NO. 9695

<b>SERIAL NUMBER</b> 10/626,159	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> P-11275.00
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/23/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ON</i>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
27581

**TITLE**  
Compositions and methods for treating cardiac dysfunction

<b>FILING FEE RECEIVED</b> 1536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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